

# EXHIBIT A-1

You may also submit your claim electronically by visiting <http://cases.primeclerk.com/puertorico/EPOC-Index>

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /  
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input checked="" type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

MMLID: 1072339

EPOC ID: 170356600333197

RECEIVED

JUL 19 2021

PRIME CLERK LLC

Debtor Employees Retirement System of the Government of the Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule F - Participant Obligations as a Contingent, Unliquidated general unsecured claim in an Undetermined amount. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Employees Retirement System of the Government of the Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule F - Obligaciones de los participantes como un reclamo Contingente, Sin liquidez no asegurado por un monto Indeterminado. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado

**Proof of Claim / Evidencia de reclamación**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

☐ Date Stamped Copy Returned  
☐ No Self-Addressed Stamped Envelope  
☒ No Copy Provided

**Part 1 / Parte 1 Identify the Claim / Identificar la reclamación**

1. Who is the current creditor?

¿Quién es el acreedor actual?

NORMA I CONCEPCION PENA

Name of the current creditor (the person or entity to be paid for this claim)  
Nombre el acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor  
Otros nombres que el acreedor usó con el deudor



990123401013645

Modified Official Form 410

U0503 v.01 02.15.2018

page 1



<p>2. Has this claim been acquired from someone else? ¿Esta reclamación se ha adquirido de otra persona?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. From whom? Sí. ¿De quién? <u>Valeriano Flores Cruz</u></p>	
<p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor? NORMA I CONCEPCION PENA URB BARALT G19 CALLE PRINCIPAL HORMIGUEROS PR 00738-3774  787-860-6446 Contact phone / Teléfono de contacto lcdanormaconcepcion@gmail.com Contact email / Correo electrónico de contacto</p>	<p>Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente) Norma I. Concepción Peña Name / Nombre Urb. Baralt, G-19 Ave. Principal Number / Número Street / Calle Fajardo, Puerto Rico 00738 City / Ciudad State / Estado ZIP Code / Código postal 787-860-9333 Contact phone / Teléfono de contacto secretaria.nicp@gmail.com Contact email / Correo electrónico de contacto</p>
<p>4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior?</p>	
<p><b>Part 2 / Parte 2:</b> Give Information About the Claim as of the Petition Date Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.</p>		
<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a>.) Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: <a href="https://cases.primeclerk.com/puertorico/">https://cases.primeclerk.com/puertorico/</a>.) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Department of Transportation and Public Works</div></p>	
<p>7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación: Vendor / Contract Number / Número de proveedor / contrato: <u>2007-000394-A</u>  List any amounts due after the Petition Date (listed above) but before June 30, 2017. Añote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ <u>30,000.00</u></p>	

Modified Official Form 410

Proof of Claim

page 2

U0504 v 01 02 15 2018

8. How much is the claim? \$ 30,000.00

¿Cuál es el importe de la reclamación?

Does this amount include interest or other charges?  
¿Este importe incluye intereses u otros cargos?

☒ No / No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).  
Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).

9. What is the basis of the claim?

¿Cuál es el fundamento de la reclamación?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.

Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

Lease of commercial premises

10. Is all or part of the claim secured?

¿La reclamación está garantizada de manera total o parcial?

☒ No / No

☐ Yes. The claim is secured by a lien on property.  
Sí. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:

☐ Motor vehicle / Vehículos

☐ Other. Describe:  
Otro. Describir: \_\_\_\_\_

Basis for perfection / Fundamento de la realización de pasos adicionales: \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.

Value of property / Valor del bien: \$ \_\_\_\_\_

Amount of the claim that is secured /  
Importe de la reclamación que está garantizado: \$ \_\_\_\_\_

Amount of the claim that is unsecured /  
Importe de la reclamación que no está garantizado: \$ \_\_\_\_\_  
(The sum of the secured and unsecured amounts should match the amount in line 7.)  
(La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)

Amount necessary to cure any default as of the Petition Date /  
Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ \_\_\_\_\_

Annual Interest Rate (on the Petition Date)  
Tasa de interés anual (cuando se presentó el caso) \_\_\_\_\_%

☐ Fixed / Fija

☐ Variable / Variable

11. Is this claim based on a lease?

¿Esta reclamación está basada en un arrendamiento?

☐ No / No

☒ Yes. Amount necessary to cure any default as of the Petition Date.  
Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ 30,000.00

Modified Official Form 410

Proof of Claim

page 3

U0505 v.01 02 15 2018





12 Is this claim subject to a right of setoff? ☐ No / No  
☒ Yes. Identify the property / Si. Identifique el bien: Commercial real estate property lease  
¿La reclamación está sujeta a un derecho de compensación?

13 Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? ☐ No / No  
☒ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. \$ 30,000.00  
¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?  
Si. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

**Part 3 / Parte 3:** Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).  
If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.  
La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).  
Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:  
☐ I am the creditor. / Soy el acreedor.  
☒ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.  
Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.  
He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero.

Executed on date / Ejecutado el June 28, 2021 (MM/DD/YYYY) / (DD/MM/AAAA)  
Signature / Firma [Signature]  
Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:  
Name Norma I. Concepción Peña  
First name / Primer nombre Norma Middle name / Segundo nombre I. Last name / Apellido Concepción Peña  
Title / Cargo Attorney -Notary TIN 9528, Bar Association No. 10,806  
Company / Compañía \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer. / Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.  
Address / Dirección Urb. Baralt, G-19 Ave. Principal  
Number / Número \_\_\_\_\_ Street / Calle \_\_\_\_\_  
City / Ciudad Fajardo, Puerto Rico 00738 State / Estado \_\_\_\_\_ ZIP Code / Código postal \_\_\_\_\_  
Contact phone / Teléfono de contacto 787-860-6446 Email / Correo electrónico: lcdanormaconcepcion@gmail.com

Modified Official Form 410

Proof of Claim

page 4

U0506 v 01 02 15 2018

**IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.**

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
CONCEPCION PENA, NORMA I.	157312	7/26/2018	Puerto Rico Highways and Transportation Authority	\$30,000.00
Reason:	Claimant asserted administrative priority under 11 U.S.C. § 503(b)(9), but proof of claim is not for goods sold and as such claimant is not entitled to administrative priority.			

**SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO POR LA RAZÓN INDICADA AQUÍ ABAJO.**

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
CONCEPCION PENA, NORMA I.	157312	7/26/2018	Puerto Rico Highways and Transportation Authority	\$30,000.00
Base para:	El Demandante reclamó una prioridad administrativa en virtud del título 11 del Código de los Estados Unidos, sección 503(b)(9), pero la evidencia de reclamo no corresponde a bienes vendidos y, por lo tanto, el demandante no tiene derecho a una prioridad administrativa.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.primeclerk.com/puertorico>. **If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).**

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en <https://cases.primeclerk.com/puertorico>. **Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).**

**\*\*\*CUST PR 1845 SRF 53397 PackID: 41 MMLID: 1072339-D Svc: 316**  
**CONCEPCION PENA, NORMA I.**  
**URB. BARALT**  
**G-19 AVE. PRINCIPAL**  
**FAJARDO PR 00738**



[all handwritten test is in italics]

Exhibit 1

FORM SC 854  
8 Dec 03  
CC 1300-17-04

COMMONWEALTH OF PUERTO RICO  
DEPARTMENT OF TRANSPORTATION AND PUBLIC WORKS  
DRIVER SERVICES OFFICE  
Agency  
BOX [illegible], MINILLAS STATION, SANTURCE, PR [illegible]  
Address

Agency Contract Number  
  
Office of the Comptroller Contract  
Number

**PROPERTY LEASE AGREEMENT  
FOR FIVE YEARS OR LESS OR UP TO TEN 10 YEARS  
FOR PREMISES LOCATED ABROAD**

COMMONWEALTH OF PUERTO RICO, represented by **ENG. FERNANDO I. PONT, INT. SECRETARY**, hereinafter referred to as the Lessee, and **VALERIANO FLORES CRUZ**, hereinafter referred to as the Lessor, mutually agree as follows:

1. That the Lessor certifies and guarantees that prior to the formalization of this contract, the Lessor delivered the following certifications ☒ Registry Certification of the property including liens and encumbrances ☒ Certification of debt and Certification of Filing of tax return issued by the Department of Finance ☒ Negative Certification of Real Estate Property from the Municipal Revenue Collection Center.

2. That the Lessee certifies that the Appraisal Report has been completed and signed by the appraiser and approved by the reviewing appraiser.

3. That the Lessor and the Lessee certify that the aforementioned documents are not more than six months old as of the date of execution of this lease.

4. That the Lessee certifies to having inspected that the leased property and that same meets the necessary expectations, needs and specifications, and a written report of said inspection was rendered.

5. That the Lessor hereby assigns as a lease to the Lessee the property described as follows:

a) Buildings Reinforced Concrete

b) Area (1) Of the Lot \_\_\_\_\_ Square Meters

(2) Of the Premises 410.75 Sq. ft.

(3) Parking \_\_\_\_\_ Square Feet

c) Localization and Registry Certification of the Real Estate Registry (including encumbrances and liens) Vistas del Convento, Calle 2. D-1 Fajardo Puerto Rico Property number 7,965 registered in folio 105 of volume 215, Municipality of Fajardo.

6. That the property will be used by the Lessee as the Driver Testing Area Office.

7. This agreement will become effective on June 1, 2007, subject to the approval of the ASG and OGP. It shall be in effect until June 30, 2012. The Lessee may terminate the lease at any time provided that the Lessee gives thirty (30) days written notice to the Lessor prior to the desired termination date.

8. The Lessor owns the described property to be Leased, which is owned by Valeriano Flores Cruz, and was built on \_\_\_\_\_ of \_\_\_\_\_.

9. That, having performed a marketing study to determine the current rate, the lease fee set by the contracting parties is Three hundred sixty-nine dollars and sixty-seven cents per month (\$369.67) payable by the lessee as follows: Monthly. The Lessor may not increase the lease fee or change it for a period of less than twelve months.

10. That the Lessor is required at all times to make arrangements and repairs to maintain the property in usable condition, and to keep all services, equipment and accessories in working order within the safety standards established or to be established.

11. It is hereby noted that no officer or employee of the Department of Transportation and Public Works has any direct or indirect financial interest in this contract.

12. Description of the services, equipment and accessories included in the contract to be borne by the lessor:

☒ Parking. No. Spaces 1 ☐ Water ☐ Air Conditioning ☐ Electrical Installation

☐ Surveillance ☐ Light ☐ Cleaning ☐ Telephone Facilities ☐ Elevator ☐ Other

13. That the payment of policies to cover risks such as fire, hurricanes, earthquakes, floods or any other act of nature, public liability, and any other necessary risks, shall be borne by the LESSEE

Insurance Company

UNIVERSAL INSURANCE AGENCY

No. \_\_\_\_\_

AMERICAN INTERNATIONAL

No. \_\_\_\_\_

COMPANY OF PUERTO RICO

No. \_\_\_\_\_

14. Other Provisions (use Form SC 854 2, Premises Lease Agreement (Continuation Page), which is incorporated herein as an integral part of this contract)

15. This contract shall only be valid once it is approved by the relevant officials in accordance with current legislation and regulations.

IN WITNESS WHEREOF, and for the record, the parties hereto have hereunto set their hands in San Juan, Puerto Rico, this 3rd day of June, 2007.

[signature].

**Fernando I. Pont**

Name and Signature of Agency Head  
or Authorized Representative

INTERNAL REGISTRATION  
Contracts Section DTOP (Transportation  
and Public Works Department)  
2007-000394

As provided by  
the Comptroller's office  
Volume 05 Page 484

[signature].

**Valeriano Flores Cruz**

Lessor's Name and Signature

Vistas del Convento, Calle 2. D-1

Fajardo Puerto Rico

Address

-3257



Social Security

Note: Approvals on reverse side

Preservation: Six years or an intervention by the Comptroller after award or expiration of the contract, whichever occurs first

Exhibit 2

Form SC 854  
8 Dec 03  
CC 1200-16-05

COMMONWEALTH OF PUERTO RICO  
DEPARTMENT OF TRANSPORTATION AND PUBLIC WORKS  
DRIVER SERVICES OFFICE

Agency Contract Number

Agency  
BOX 41294, MINILLAS STATION, SANTURCE, PR [illegible]  
Address

Office of the Comptroller Contract  
Number

INTERNAL REGISTRATION  
Contracts Section DTOP (Transportation  
and Public Works Department)  
2007-000394-4  
JUL 05 2012 [illegible]  
As provided by  
the Comptroller's office  
Volume 06 Page 484

**PROPERTY LEASE AGREEMENT  
FOR FIVE YEARS OR LESS OR UP TO TEN 10 YEARS  
FOR PREMISES LOCATED ABROAD**

**COMMONWEALTH OF PUERTO RICO**, represented by **RUBEN A. HERNANDEZ GREGORAT, MEM PE**, hereinafter referred to as the Lessee, and **VALERIANO FLORES CRUZ**, hereinafter referred to as the Lessor, mutually agree as follows:

1. That the Lessor certifies and guarantees that prior to the formalization of this contract, the Lessor delivered the following certifications ☒ Registry Certification of the property including liens and encumbrances ☒ Certification of debt and Certification of Filing of tax return issued by the Department of Finance ☒ Negative Certification of Real Estate Property from the Municipal Revenue Collection Center.

2. That the Lessee certifies that the Appraisal Report has been completed and signed by the appraiser and approved by the reviewing appraiser.

3. That the Lessor and the Lessee certify that the aforementioned documents are not more than six months old as of the date of execution of this lease.

4. That the Lessee certifies to having inspected that the leased property and that same meets the necessary expectations, needs and specifications, and a written report of said inspection was rendered.

5. That the Lessor hereby assigns as a lease to the Lessee the property described as follows:

- a) Building Reinforced Concrete  
b) Area (1) Of the Lot \_\_\_\_\_ Square Meters  
(2) Of the Premises 410.75 Sq. ft.  
(3) Parking \_\_\_\_\_ Square Feet

c) Localization and Registry Certification of the Real Estate Registry (including encumbrances and liens) Vistas del Convento, Calle 2. D-1 Fajardo Puerto Rico Property number 7,965 registered in folio 105 of volume 215, Municipality of Fajardo.

6. That the property will be used by the Lessee as the Driver Testing Area Office, CESCO, Fajardo.

7. This agreement will become effective once it is entered, subject to the A.F.P. and O.G.P. approval. It shall be valid from month to month and shall be automatically renewed from month to month. The lessee may terminate the contract at any time notifying the lessor in writing of this intention thirty days prior to the desired termination date.

8. The Lessor owns the described property as owner, which is owned by the Lessor, and it was built in \_\_\_\_\_.

9. That after having carried out a marketing study to determine the current rate, the lease fee set by the contracting parties is **FIVE HUNDRED DOLLARS** per month (\$500.00) payable by the lessee as follows. **MONTHLY PAYMENTS DUE**. The Lessor may not increase the lease fee or change it for a period of less than twelve months.

10. That the Lessor is required at all times to make arrangements and repairs to maintain the property in usable condition, and to keep all services, equipment and accessories in working order within the safety standards established or to be established.

11. It is hereby noted that no officer or employee of the **TRANSPORTATION AND PUBLIC WORKS** Department has any direct or indirect pecuniary interest in this contract.

12. Description of the services, equipment and accessories included in the contract, that shall be borne by the lessor

☒ Parking. No. Spaces 1 ☐ Water ☐ Air Conditioning ☐ Electrical Installation  
☐ Surveillance ☐ Light ☐ Cleaning ☐ Telephone Facilities ☐ Elevator ☐ Other

13. That the payment of policies to cover risks such as fire, hurricanes, earthquakes, floods or any other act of nature, public liability and any other necessary risks, shall be borne by the **LESSEE**

Insurance Company

**INTEGRAND ASSURANCE CO**

No. [REDACTED]

No. \_\_\_\_\_

14. Other Provisions (use Form SC 854 2, Premises Lease Agreement (Continuation Page), which is incorporated herein as an integral part of this contract)

15. This contract shall only be valid once it is approved by the relevant officials in accordance with current legislation and regulations.

IN WITNESS WHEREOF, and for the record, the parties hereto have hereunto set their hands in San Juan, Puerto Rico, this 29th day of June, 2012.

[signature].

**RUBEN A. HERNANDEZ GREGORAT,**  
**MEM PE**

Name and Signature of Agency Head  
or its Authorized Representative

INTERNAL REGISTRATION  
Contracts Section DTOP (Transportation  
and Public Works Department)  
2007-000394

As provided by  
the Comptroller's office  
Volume 05 Page 484

[signature].

**VALERIANO FLORES CRUZ**  
Lessor's Name and Signature

Vistas del Convento, Calle 2. D-1  
Fajardo Puerto Rico  
Address

[REDACTED]-3257  
Social Security

Note: Approvals on reverse side

*Certified to be a correct and true translation from the source text in Spanish to the target language English.  
23/DECEMBER/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556  
By Targem Translations Inc.*

Retention: Six years or an intervention by the Comptroller after award or expiration of the contract, whichever occurs first

Lcda. Norma I. Concepción rena  
Urbanización Baralt  
Avenida Principal G-19  
Fajardo, P.R. 00738  
787-860-6446 / 787-860-9333

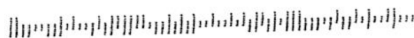
RECEIVED  
JUL 19 2021  
PRIME CLERK LLC

SAN JUAN PR 009  
2 JUL 2021 PM 1 L



*Commonwealth of Puerto Rico Claims  
Processing Center c/o Prime Clerk LLC  
PO Box 4708  
New York NY 100163-4708*

10016-999955







T 718.384.8040  
W TargemTranslations.com  
E projects@targemtranslations.com  
A 185 Clymer St. Brooklyn, NY 11211

### TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 157312**

Signed this 23<sup>rd</sup> day of December 2021



Verify at [www.atanet.org/verify](http://www.atanet.org/verify)

A handwritten signature in blue ink, appearing to read "Andreea I. Boscor".

Andreea I. Boscor

